

**Travel & Expense Account
Transmittal Sheet**

After Approval, Mail Receipts To



Employee Name ZITO, Renee
Expense Dates 05/03/10-05/13/10
Total Expense Amount 517.85
Amount Due Employee 202.45
Form ID TEA000660724

DIRECTIONS FOR SUBMISSION

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

	Date	Expense Item	Amount	If not submitted - Explain
1)	05/03	Lodging	129.95	
2)	05/04	Parking, Auto	15.00	

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

TRIP EXCEPTION(S)			
	Item	Exception	Response
1)	4:1	Travel was less than 50 miles from home/HQ. Has prior written approval been granted?	Yes

I have reviewed the following documents.

Approved
by:



MICHAEL S. CUNNINGHAM

Travel & Expense Account Summary

Employee Name Renee ZITO
Expense Dates 05/03/10-05/13/10
Report Name CADPAAC & Am. Health Services

Request Total \$ 517.85
Direct Charge Total - 315.40
Travel Advances - 0.00
Net Due Employee = 202.45

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	CADPAAC	2.50
Regular Travel	American Health	515.35

NOTE: (d)=Direct Charge

DATE	Mon May 3	Tue May 4								TOTAL
Commercial Air Fare (d)	315.40									315.40
Lodging	129.95									129.95
Dinner	18.00									18.00
Mileage Personal Auto		15.00								15.00
Parking, Auto		15.00								15.00
Incidentals		6.00								6.00
Lunch		10.00								10.00
Breakfast		6.00								6.00
TOTALS \$	463.35	52.00								515.35

DATE	Thu May 13									TOTAL
Parking, Auto	2.50									2.50
TOTALS \$	2.50									2.50

**Travel & Expense Account
Transmittal Sheet**

After Approval, Mail Receipts To



Employee Name	<u>ZITO, Renee</u>
Expense Dates	<u>05/18/10-05/19/10</u>
Total Expense Amount	<u>552.91</u>
Amount Due Employee	<u>245.81</u>
Form ID	<u>TEA000665468</u>

DIRECTIONS FOR SUBMISSION

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

	Date	Expense Item	Amount	If not submitted - Explain
1)	05/18	Lodging	123.81	
2)	05/18	Taxi Fare	25.00	
3)	05/19	Parking, Auto	27.00	
4)	05/19	Taxi Fare	25.00	

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

I have reviewed the following documents.

Approved
by:

MICHAEL S CUNNINGHAM

Travel & Expense Account Summary

Employee Name Rence ZITO
Expense Dates 05/18/10-05/19/10
Report Name May Claim2

Request Total \$ 552.91
Direct Charge Total - 307.10
Travel Advances - 0.00
Net Due Employee = 245.81

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	Kerlikowske Mtg	552.91

NOTE: (d)=Direct Charge

DATE	Tue May 18	Wed May 19								TOTAL
Commercial Air Fare (d)	130.40	176.70								307.10
Lunch	10.00									10.00
Dinner	18.00									18.00
Lodging	123.81									123.81
Taxi Fare	25.00	25.00								50.00
Mileage Personal Auto		5.00								5.00
Breakfast		6.00								6.00
Incidentals		6.00								6.00
Parking, Auto		27.00								27.00
TOTALS \$	307.21	245.70								552.91